

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-015-00040

5. Indicate Type of Lease

STATE ☒

FED ☐

6. State Oil & Gas Lease No.

2029

7. Lease Name or Unit Agreement Name

EMPIRE ABO UNIT

8. Well No.

0-5

9. Pool name or Wildcat

EMPIRE ABO

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

2. Name of Operator

ARCO Permian

3. Address of Operator

P.O. Box 1089 Eunice, NM 88231

4. Well Location

Unit Letter D : 660 Feet From The N Line and 990 Feet From The W Line

Section 16 Township 18S Range 27E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3484' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: PERF UPPER ABO ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD: 5700; PBD: 5668' (5643' WLM) PERFS: 5396-5400, 5418-5424, 5432-5438, 5443-5446, 5473-5484, 5496-5500

04/29/97: PERF ABO 5396-5550 W/3-1/8" CSG GUN, 2 JSPF, TOTAL 84 HOLES.

04/30/97: ACIDIZE ABO PERFS 5590-5610 W/1000 GALS 15% NEFE RUNNING 40 BALL SEALERS. MAX PRESS VAC, MIN PRES 5396-5550 W/2000 GALS 15% NEFE ACID RUNNING 10 BALL SEALERS. MAX PRESS 1870#, MIN PRESS VAC, AVG PRESS 300#.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kellie D. Murrish TITLE Administrative Assistant DATE 06/13/97

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUN 18 1997

CONDITIONS OF APPROVAL, IF ANY: